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PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>		Attorney Docket No. 6974S-000028/US/01	
		First Inventor Hawley, et al.	
		Title COMPOSITIONS AND METHODS FOR TREATING SEXUAL DYSFUNCTION	
		Express Mail Label No. EV 311407836 US	

  

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 0 5px;">30</span> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention <input checked="" type="checkbox"/> - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <span style="border: 1px solid black; padding: 0 5px;">2</span> ] 5. Oath or Declaration [Total Pages <span style="border: 1px solid black; padding: 0 5px;">3</span> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>Check in the amount of \$1,256</u>	

  

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation   
 ☐ Divisional   
 ☐ Continuation-in-part (CIP)   
 of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_   
 Group / Art Unit: \_\_\_\_\_

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

<b>17. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		28997		or <input checked="" type="checkbox"/> Correspondence address below	
<i>(Insert Customer No. or Attach bar code label here)</i>					
Name	Saul L. Zackson Harness, Dickey & Pierce, P.L.C.				
Address	7700 Bonhomme Ave., Suite 400				
City	St. Louis	State	MO	Zip Code	63105
Country	United States of America	Telephone	314-726-7500	Fax	314-726-7501

  

Name (Print/Type)	Saul L. Zackson	Registration No. (Attorney/Agent)	52,391
Signature			Date
		October 1, 2002	

EVE 311407836 US



17439 U.S. PTO  
10/02/03

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Unknown</td> </tr> <tr> <td>Filing Date</td> <td>October 2, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Hawley, et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> <tr> <td>Group / Art Unit</td> <td>Unknown</td> </tr> <tr> <td>Attorney Docket No.</td> <td>6794S-000028/US/01</td> </tr> </table>		Application Number	Unknown	Filing Date	October 2, 2003	First Named Inventor	Hawley, et al.	Examiner Name	Unknown	Group / Art Unit	Unknown	Attorney Docket No.	6794S-000028/US/01
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check           <input type="checkbox"/> Credit card           <input type="checkbox"/> Money           <input type="checkbox"/> Other           <input type="checkbox"/> None       </p> <p> <input type="checkbox"/> Deposit Account:       </p> <div style="margin-top: 10px;">         Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">08-0750</span> </div> <div style="margin-top: 10px;">         Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Harness, Dickey &amp; Pierce, P.L.C.</span> </div> <p style="font-size: small; margin-top: 10px;"> <b>The Commissioner is authorized to: (check all that apply)</b>  <input type="checkbox"/> Charge fee(s) indicated below           <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.       </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																
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<p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">40</td> <td>-20**</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">20</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">360</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">4</td> <td>-3**</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">1</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">86</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">86</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td style="border: 1px solid black;"></td> <td>=</td> <td style="border: 1px solid black;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;">(\$ ) 446</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p>						Total Claims	40	-20**	=	20	X	18	=	360	Independent Claims	4	-3**	=	1	X	86	=	86	Multiple Dependent					X		=		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ ) 446																																																																																																																																																																							
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Saul L. Zackson	Registration No. Attorney/Agent)	52,391	Telephone	314-726-7500
Signature				Date	October 2, 2002

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